## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

1080 2888

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN	
TOTAL CLAIMS			37					RATE	FEE	].	RATE	FEE
FC	DR	·	NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	37 minus 20=		* \ 7			X\$ 9=		OR	X\$18=	30 €
<u> </u>	DEPENDENT C			nus 3 =	* ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			X43=		OR	X86=	0EN
ML	JLTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2						ı	TOTAL		OR	TOTAL	1205	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMALL	FNTITY	OR	OTHER SMALL		
	(Column 1)		1	(Colun		(Column 3)	lr	SWALL		<b>1</b>	JIIIALL	
AMENDMENT A		REMAINING AFTER AMENDMENT	43	NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	rich.		= `		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	01.4114	=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL		OR	TOTAL	
		Α	DDIT. FEE		JO. 1	ADDIT. FEE						
	(Column 1) (Column 2) (Column 3)						1 -				·	
NT B		REMAINING AFTER		NUME PREVIO	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AMENDMENT B	Total	*	Minus	PAID F	·OH	=	╽┟	X\$ 9=	FEE	OR	X\$18=	FEE
	Independent	*	Minus	***		= .	╽┟	X43=	·		X86=	
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						lŀ	740-		OR	7.00-	
								+145=		OR	+290=	1, ± <b>6</b> . **
								TOTAL DDIT, FEE		OR ,	TOTAL ODIT. FEE	-
				٠			* 1					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=		X43=			X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							7,102		OR	7,00=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	·
**	the "Highest Nur	nber Previously Pa	id For IN THIS	SPACE is	less than	20, enter "20."	AE	TOTAL DOIT, FEE		OR A	TOTAL DDIT. FEE	
. 1	r me "Highest Num The "Highest Num	mber Previously Pa ber Previously Paid	io For IN THIS I For" (Total or	SPACE is Independer	iess thar nt) is the	i 3, enter "3." highest number	r foun	d in the app	opriate box	in colu	mn 1.	